

MDR Tracking Number: M5-04-2431-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 4-02-04.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The prescription medication Naproxen 500 mg (#60) dispensed from 4/2/03 through 5/1/03 **was found** to be medically necessary. The prescription medication Orphenadrine XR 100 (#60) dispensed from 4/2/03 through 5/1/03 **was not found** to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20-days of receipt of this Order. This Order is applicable to the prescription medication Naproxen 500 mg (#60) dispensed from 4/2/03 through 5/1/03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Decision and Order is hereby issued this 16th day of June 2004.

Regina Cleave
Medical Dispute Resolution Officer
Medical Review Division
RC/rc

May 24, 2004

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___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to ___ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Medical Doctor with a specialty in Neurological Surgery. The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

___ had an injury in ___. She was diagnosed with bilateral carpal tunnel syndrome related to repetitive motions of her hands. She eventually underwent a carpal tunnel release and has carpal tunnel on the contralateral side where at the time of this current issue is still being treated conservatively.

DISPUTED SERVICES

The items in dispute are: Naproxen 500mg #60 and Orphenadrine XR 100 #60

DECISION

The reviewer disagrees with the previous adverse determination regarding the prescription for Naproxen 500mg #60 and agrees with the previous determination regarding the prescription for Orphenadrine XR 100 #60.

BASIS FOR THE DECISION

The reviewer states that continued treatment with anti-inflammatories, Naproxen, is an indicated treatment for carpal tunnel. Orphenadrine, however, is a muscle relaxant which is not an appropriate treatment for carpal tunnel syndrome.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy.

As an officer of ___, Inc, dba ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,